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Bib Data Sheet

CONFIRMATION NO. 8276

<b>SERIAL NUMBER</b> 09/928,851	<b>FILING DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ACS-55967 (27001)	
<b>APPLICANTS</b> William James Harrison, Temecula, CA; Andy E. Denison, Temecula, CA;					
<i>no</i> <b>** CONTINUING DATA *****</b> <i>none</i>					
<i>ms</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/28/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 24201					
<b>TITLE</b> Apparatus and method for decreasing stent gap size					
<b>FILING FEE RECEIVED</b> 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		